

THE EAMES MEMORIAL FUND.

Dr. Courtenay begs to acknowledge the receipt of the following sums to the Eames Memorial Fund:—

	£	s.	d.
Drs. Charles and Bouville Fox	5	5	0
Dr. W. Orange, C.B.	5	5	0
Medico-Psychological Association	10	0	0 (omitted.)

The following is a letter from Mrs. Eames:—

2, Dyke Parade, Cork.

DEAR DR. COURTENAY,—Will you kindly convey to the members of the Psychological Association my sincere thanks for their very liberal contribution of £245 19s. 6d. to the memory of my dear husband, and believe me

Your greatly obliged,
HELEN EAMES.

March 14th, 1887.

SYDNEY UNIVERSITY.

PSYCHOLOGICAL MEDICINE has been made a compulsory subject at the University of Sydney at the Examinations for the degrees of M.B. and M.D. Attendance at Lectures and Hospital Practice is insisted on, and a Lecturer on Psychological Medicine has been appointed, Dr. Manning being the first occupant of the chair. This is an excellent beginning.

Correspondence.

A VISIT TO ASYLUMS IN PARIS.

To the Editors of "THE JOURNAL OF MENTAL SCIENCE."

GENTLEMEN,—The following notes of a visit to the two chief and typical asylums of France, both of them situated in Paris, may be interesting to some. I thankfully acknowledge the kindness and courtesy of my friend, Dr Larroque, one of the *internes* at Charenton, both during my visit and also since. The Asylum of Ste. Anne, for acute cases, is at the southern boundary of Paris, near Gentilly; that at Charenton is north of the Seine, outside the fortifications, and close to the park of Vincennes. Charenton, for the less acute cases, is the National Asylum of France; it is destined by the State to be the model establishment for the insane throughout the country; it is erected upon a raised plateau, and is sheltered from the north by the woods of Vincennes. The situation commands a most extensive and beautiful landscape along the Seine Valley, and from a sanitary point of view, it leaves nothing to be desired.

Charenton dates from a very remote period; it has several times been pulled down and rebuilt. Previous to 1830 it belonged to and was governed by the brotherhood of St. Jean de Dieu, and ranked, I believe, as a monastery; the treatment of mental disease being undertaken by the monks themselves. In 1830, the time of the great Revolution, when Louis Phillippe became King, and civic improvements were resumed at a vast outlay, it became the property of the State, was reconstructed with pure white limestone (resembling our Portland stone), and has remained so up to the present time. It has a strikingly clean

and bright appearance. It was here that the great Esquirol, Calmeil, and other great teachers practised; among the *internes* are also the names of Bayle, Trousseau, Legrand du Saulle, &c. There is a most complete medical library, including, as his own gift, all the valuable books of Esquirol himself. The building is surrounded by extensive gardens and woods, affording work for the male patients, recreation and diversion for the females. Corresponding to the divisions or sections on either side are well-planned airing courts, made pleasant with fountains and flower beds. Within the asylum everything is the picture of cleanliness; the beautifully waxed parquet floor, against which some of us cry out, does not appear to increase the casualties; whilst the dainty dimity canopy over the beds adds much to the brightness of the dormitories for the quieter patients. The beds are for the most part arranged in single rooms--although accommodation for servants and nurses adjoining the patient's own room is also provided--comfortably furnished and well-arranged suites of apartments, to admit of this, being supplied at higher rates of payments. Drawing-rooms arranged with chaste bric-à-brac are a marked feature on the women's side; readings and entertainments in these rooms help to pass the time pleasantly during the winter evenings. Carefully-planned, commodious workrooms, linen rooms, and wardrobes also exist where the industrious females find employment. Light is plentiful in this asylum, and ventilation is good. The atmosphere is kept at an even temperature during the winter months by means of heated coils passing through the building. I was greatly struck with the complete methods of hydro-therapeutics in vogue; Turkish, Roman, and medicated baths, packs, douches, &c., being fitted on each side. I have not seen the equal in any English asylum. Ought this so to be?

The lay management of the asylum is entrusted to a director or governor, who is responsible to the *Ministre de l'Interieur* (or Home Secretary), by whom the appointment is made. The director resides in the establishment, and in the present instance is an old private secretary of the late Gambetta; he is relieved in the management by a numerous staff, to whom the work is mostly delegated. His post is by no means onerous, the selection being possibly more a reward for past political services than adaptation for the post; still, he is highly respected and esteemed by the medical staff. There is, in addition, a Committee of Management, consisting of honorary members, selected by the *Ministre de l'Interieur* from members of the Courts of Justice, the State Councils, the Court of Repeal, and other judicial Courts in Paris. This Committee appoint one of their number every year to act as provisional administrator of property belonging to those who for the time being are deprived from managing their own affairs.

The medical staff consists of two resident physicians, supported by two assistant medical officers or *internes*, the latter being selected after a competitive examination, and holding the post for three years; there is also a consulting surgeon of high repute, who assists and performs operations, and who is non-resident. A dispenser is also attached to the asylum.

Dr. Christian and Dr. Ritti are respectively responsible for the male and female department; both are well known in Paris for work in the specialty. A morning visit is made by the medical officers together, each for their respective departments, the *internes* making an additional evening visit at the hour of dinner. A resident chaplain conducts daily services according to the rites of the Romish Church; all the patients are encouraged to attend, the selection being generally made upon the authority of the medical officers, who are empowered to act with responsibility and unrestrained freedom in all that concerns the welfare of the patients. The salary is not so high as that paid to English superintendents, but they have more freedom, as a rule, being allowed to hold honorary appointments in addition to consultations.

The number of the attendants and servants amounts approximately to 190,

varying according to the requirements of private patients, who may each have two or more according to payment. The establishment is divided into sections or wards; at the head of each section is a charge attendant, who has the supervision of the others, each charge being responsible for his section. Among the women, religious sisters fulfil the duties of charge or head attendant; they are devoted, refined, and fairly educated, and appear to give every satisfaction. The office corresponding to our matron's is filled by two ladies of the Augustine Sisterhood; the more responsible being called the Sister Superior; together they have the general supervision of the female department under the doctors, whose confidence they seemed to me fully to possess; their close interest and sympathy with the afflicted greatly impressed me. There are eight sections on the male side, including the infirmary; the female side comprised twelve sections, including an infirmary.

Admission into Charenton is obtained in two ways: either by the order of the Prefect of Police, with or without a medical certificate, or through a petition signed by the nearest relative, together with a proof of the identity of the person making application, as well as of the patient himself; both these certificates to be accompanied by the ordinary medical certificate giving reasons for admission, and bearing a date of less than fifteen days. The medical man signing the certificate must be unconnected with the asylum, and not in any way related to or interested in the patient to be admitted. Extensive libraries, containing the daily papers, serials, and other journals are a feature on both sides of the establishment. With regard to the patients, the number at Charenton is about 600; a little more than half being females, the women preponderating, as in most asylums. They are, unfortunately, classified, primarily, according to payments, and into three divisions, varying from £50 to £200 per annum (although 20 beds are secured for free cases); the higher rates include separate apartments, board, wages, and attention of private servants. The diet, although abundant, good, and daintily served to all, is more varied and *recherché* for those providing increased payments; wine in all cases takes the place of our beer; it was light and refreshing, and appeared very suitable for the women. The patients, for the most part, are derived from the middle and artisan classes, being kept by the contribution of their friends or guardians, although artists, actors and actresses, military and naval officers, are in many cases supported by State subsidies. The age varies according to the average scale of those in English asylums. Many patients at Charenton, certainly the greater number, suffer from chronic forms of mental disease. The women, as is their wont, were more noisy, clamorous, and turbulent; some were in restraint, strong camisoles being used, and the patients strapped in chairs, arranged in a row, exhausting themselves into a state of quietude, in this situation, by screams and shouts. I did not see this method adopted on the male side, or elsewhere, and was assured that it was an uncommon practice, and very rarely used. Considering the number of attendants and nurses at disposal, the necessity for such treatment should be exceptional. There were very few in bed of either sex, those unable to get up being generally paralyzed, or otherwise feeble. Food was artificially administered through the mouth in a large number of cases; light red wine and peptonized preparations being added to the usual fluid nourishment in each case, artificial feeding being an essentially gentle, and particularly facile operation in the hands of Dr. Larroque, one of the *internes*. I met several British patients in the asylum; all were anxious to return, one Irishman being full of ardent promises for the benefit of his native land as a return for his liberty; he was reproached with being a dangerous patient, but respectful and plausible complacency was all that I saw. Alas, how the race may be misjudged even nearer home! Although kind and gentle treatment was so marked here, I could not leave my incarcerated countryman without a pang of remorse.

The asylum of Ste. Anne, for the accommodation of about 600 cases, is a very different institution compared with its predecessor. It is less impressive from without, and there is less dignity, ease, and luxury within. No paying patients are received here; it is free for all, being supported by the Department of the Seine, entirely depending for its income upon State aid. It is more a hospital for the cure than a receptacle for the care of the insane. I have reason to believe that the asylum is the outcome of an important Commission held in Paris in 1864 to inquire into the state of the great hospitals for the insane in that city. M. Lelut was closely examined before that Commission, and certain propositions having been fully discussed, they were adopted by the construction of Ste. Anne. The most important of these provided that there should be erected a central asylum, situated in Paris, for the reception of all forms of insanity—more especially acute and recent cases; that this accommodation should be combined with clinical instruction; that there should be a special block instituted (as annexe to the central asylum) for the admission of patients, and in which the admissions might be carefully examined, and their distribution afterwards determined; also that there should be erected special asylums for the care and treatment of epileptics and idiots. Clinical instruction is well carried out here under professors from the Paris Faculty of Medicine. I had the privilege of attending the clinic of Professor Ball, who is almost as well known in England as in Paris, having about equal claims upon the two countries, being English by birth and French by adoption; he was spoken of in Paris as a great French physician and orator. I can quite believe it. Among other physicians who teach here are Drs. Magnan, Dagonet, and Bouchereau, all well known for their works in psychology and nervous diseases. The appointments of the physicians and *internes* are made in a precisely similar manner to those at Charenton. Dr. Magnan, whose clinic I also had the honour and privilege to attend, resides in the asylum, and every morning was occupied in a special section (resembling very much our out-patient hospital department), examining reputed lunatics, who are sent here from a central bureau, or by orders from the Préfecture of the Seine, with or without a medical certificate. After examination they are kept under observation for a time, being discharged if not insane, or if the certificates be faulty, without being committed to the registers of the asylum, and officially admitted. When the diagnosis and prognosis are made, they are detained until recovery, if acute; or drafted into special asylums outside the capital for the reception of the more chronic class, such as Vancluse, Ville Vraz, and Burge. The patients are all recruited from the poorer classes, and being all acute, possess by far the greatest interest for the scientific student. The staff is large; the wards are small, affording greater individualization, a point greatly emphasized in Clouston's plan of a model asylum for acute cases; the wards are certainly not cheerful, being lighted from cramped airing courts. The contrast with Charenton was very marked, but I saw no camisoles, and no personal restraint; the padded rooms were in use for such patients as generally occupy them in English asylums, I mean those where prejudice does not run high. For the most part the occupants were exhausted from mania, melancholia, and general paralysis. Many noisy ones were exercising in the airing courts, which were small, depressing, and very confining. There were many in bed, with various bodily disorders of a serious nature. I saw several children of the imbecile class in one part of the building, arranged as a nursery; an attempt to entertain and educate them was in vogue, after the manner of our asylum at Earlswood, although I admit with a staff much less keen and imposing. Among the insane generally it is easy to discover how largely racial peculiarities enter into the mental constitution; it was interesting to find, even here, the graceful politeness which is inborn, the glimmer of native chivalry, and that sensitive emotional nature, which, in the outside world, either bubbles over in unrestrained expressions of feeling, or, moderated, throws the Gaul so soon and

so completely into *rapport* with others. I trust, however, that I have not wearied my readers with uninteresting details of a visit which afforded me most keen enjoyment, and which helped to seal the bond of friendship. It is one thing to see, another to describe.*

Yours truly,
ROBERT JONES, M.D.

Perth, 6th June, 1887.

To the Editors of "THE JOURNAL OF MENTAL SCIENCE."

GENTLEMEN,—With reference to Dr. Campbell Clark's letter in the April number of the Journal (p. 167), I beg to state that the substance of his reply was given with perfect correctness in the number for January (p. 624). I now enclose the shorthand writer's verbatim report. At page 100 it runs:—

"As to its affecting the power of the superintendent, he thought that Dr. Maclean had answered that very well. He would supplement that by saying that it would be a good thing if superintendents in that respect were a little more hampered. He thought there was a good deal of arbitrariness on the part of superintendents in dealing with attendants, and it would make superintendents less hasty in sending attendants away, and lead them to do to others as they would wish others to do to them. If that were followed out they would be better treated."

Of course Dr. Campbell Clark has every right to correct what he said on the spur of the moment, but he has no right to impugn the accuracy of the reporter and myself.

It would be interesting to know what Superintendents are still included in Dr. Campbell Clark's condemnation, and what their views are regarding the evictions referred to.

I am, yours truly,
A. R. URQUHART, M.D.
Hon. Secretary for Scotland.

Obituary.

WILLIAM CHAPMAN BEGLEY, M.D., F.R.C.P.

With deep regret we have to record the death of Dr. W. C. Begley, which took place at his residence, 26, St. Peter Square, Hammersmith, on Easter Monday, 11th April. He was in his 85th year, and had been in failing health for some time. His remains were interred in Highgate Cemetery on 18th April, after a very impressive ceremony at the church in St. Peter Square, which he used to attend. He took his B.A. degree in 1826, M.A. in 1840, and M.D. in 1851, all at Trinity College, Dublin. He obtained the diploma of M.R.C.S. Eng. in 1830, and in 1872 he was elected a Fellow of the Royal College of Physicians of London, the Membership of which College he obtained in 1859.

He was engaged in private practice at Glossop, in Derbyshire, and subsequently, in 1838, he was appointed house surgeon to the male department of Hanwell Asylum, which post he held, under the direction of the successive resident physicians, Sir William Ellis, Dr. Millingen, and Dr. Conolly, for 14

* We should be very glad if other travellers in search of the asylumesque would forward us similar letters, even if not so well written as Dr. Jones's excellent contribution.—[Eds.]